



Public Health Division 2016 Business Plan



Public Health
Prevent. Promote. Protect.

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Executive Summary

The Public Health Division (PH) employs 60 full- and part-time staff including public health nurses, nutritionists, and health promotion specialists who provide care and assistance in Family Health, Disease Prevention and Control, Health Planning/Health Promotion, Emergency Preparedness Planning and Clinic Services including immunizations, Women, Infants, and Children (WIC), adult and senior health.

In alignment with City and the Advisory Board of Health priorities, PH has identified ten overarching goals for the 2016 budget:

1. Evaluate our division's performance against the Public Health Accreditation Board's nationally recognized evidence-based standards
2. Deepen the culture of quality improvement and performance management. Work on internalizing equity within our division to better serve our clients
3. Cultivate new funding streams
4. Implement Statewide Health Improvement Program Initiative strategies
5. Promote healthy pregnancy outcomes
6. Prevent the spread of infectious diseases through immunization, investigations, consultations and training
7. Provide client education on methods to decrease exposure to lead, as well as medical follow-up requirements, to 100% of parents of children referred for an elevated blood lead level
8. Provide home assessment to 90% of residents who have been referred for asthma follow-up
9. Improve PH's ability to respond to a public health emergency.
10. Ensure accessible, quality care.

Based on the goals listed above and our 2015 budget of \$4,171,442, PH has projected a 2016 budget of \$4,245,808. This budget will allow PH to pursue these goals and carry out our mission to promote, protect and improve the health of our community.

City of Bloomington Mission Statement

Community Vision

To build and renew the community by providing services promoting renewal and guiding growth in an even more sustainable, fiscally sound manner.

Council's Goals and Strategies

Bloomington's vision recognizes that the City needs to grow and operate in a healthy, sustainable manner that meets the needs of today without reducing the ability of future generations to meet their own needs.

The City's sustainable strategies address energy use, accessibility, green infrastructure, choice of housing and transportation options, and emphasis on using local and regional resources.

Land Use

- Focus commercial and residential growth in three mixed use districts (South Loop, Penn/American, and Normandale Lake) where it can be served by transit, encourage short-trip lengths, promote biking and walking and reduce vehicle miles traveled.

Safety and Security

- Create a community where residents and visitors are safe.
- Be a family friendly community.
- Enhance support for members of the community as they age.

Transportation

- Support transit improvements including additional transit service.
- Implement the *Alternative Transportation Plan* including the creation of bikeway and walkway networks and their interfaces with transit and commercial and recreational destinations.
- Operate a Pavement Management Plan to adequately renew the transportation infrastructure.
- Encourage shared parking among land uses and developments.

Housing

- Guide new high-density housing toward locations near transit, services, amenities and employment.
- Encourage higher densities where appropriate as redevelopment occurs.

Utilities

- Reduce energy and resource consumption by decreasing inflow and infiltration into the sanitary system and by encouraging water conservation.
- Protect water quality using best management practices for surface and subsurface water.

- Adopt an asset management program to preserve the excellent condition of Bloomington's utilities.

Organizational Strength

- Maintain a strong, sustainable organization in terms of the quality and affordability of services, financial strength and the professionalism and productivity of its operations.
- Make community investments that in turn encourage private investments consistent with the City's sustainability objectives.

Organization Mission

A professional, productive, learning organization that builds and renews the community by providing quality services at an affordable price.

Public Health Division Overview

Mission Statement:

To promote, protect and improve the health of our community.

Vision Statement:

We are trusted and valued public health experts and leaders committed to a healthy community for everyone.

Values:

Prevention, Integrity, Trustworthiness, Community Engagement, Cultural Competency, Innovation, Excellence, Teamwork, Leadership, Accountable, Inclusivity

We trace our origin back to 1948 and school nursing services. Public Health (PH) became a division of the City of Bloomington in the 1960's beginning with one public health nurse and has been serving the citizens ever since. In 1977, PH expanded its reach to provide community-based health services to the southern Hennepin County communities of Edina and Richfield.

As a Community Health Board, the City of Bloomington receives state and federal dollars as well as property tax dollars, fees and insurance reimbursement to promote, protect and improve the health and well-being of its residents. The Public Health Division is responsible for "administration and implementation of programs and services to address the areas of public health responsibility" as defined in the Local Public Health Act (Chapter 145A of Minnesota Statutes). There are six areas of public health responsibility:

1. Assure an adequate public health infrastructure.
2. Promote healthy communities and healthy behaviors
3. Prevent the spread of communicable disease
4. Protect against environmental health hazards
5. Prepare for and respond to emergencies
6. Assuring health services.

We undertake this work by focusing our work on the ten essential public health services which are the basis for the National Public Health Performance Standards:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

8. Maintain a competent public health workforce.
9. Evaluate the effectiveness, accessibility, and quality of personal and population-based health services.
10. Contribute to research seeking new insights and innovative solutions to health problems.

Issues Facing Our Work

- Our community is changing:
 - According to the Metropolitan Council¹, Bloomington now has “areas of concentrated poverty where at least half of the residents are people of color.”
 - Bloomington’s minority population makes up 24.9% of the total population in Bloomington².
 - Based on the American Community Survey 2009-2013 data, 10.2% of the Bloomington population is below the federal poverty level and 6.4% of the population is between 100% and 150% of the federal poverty level.
 - The average age of seniors living in single family dwellings is increasing.
 - Increasing cultural diversity in our community has led to an increased need for culturally competent services.
 - More vulnerable adults and people with chronic health conditions are living independently in the community, without support from their families.
 - The needs of young families with high risks are becoming more complex, requiring additional staff time for serving these clients and managing case loads.
- The demand for some services (cancer screening, immunizations) is decreasing because of the Affordable Care Act (ACA).
- There will continue to be new (MERS-COV, Ebola) and re-emerging infectious diseases (measles, pertussis) that require rapid response and deliberate planning.
- There is increasing concern about the direct and indirect health impacts³ of climate change, including air pollution, extreme heat, floods and droughts and ecosystem changes (algae blooms and vector borne disease).
- Funding remains a challenge:
 - The majority (84%) of the division budget is based on grant, contract, or fee based mandated spending.
 - According to Trust for America’s Health⁴ analysis of state public health funding Minnesota ranks 43rd in the nation for state public health funding per capita in FY 2013-2014 and state funding makes up 20% of our division budget.
 - Minnesota ranks 29th in the nation for funding from the Centers for Disease Control and Prevention and 48th in the nation for funding from the Health Resources and Services Administration. These federal funding streams are distributed by the state and make up 38% of our division budget.
 - The division’s fixed costs associated with technology, building fund, staff compensation and health insurance are increasing at a rate that exceeds the amount eligible for reimbursement through grants and

¹ <http://metro council.org/getattachment/59e72e05-559f-4541-9162-7b7bf27fdebf/.aspx>

² American Community Survey 2009-2013

³ Minnesota Climate & Health Profile Report. Minnesota Department of Health. St. Paul, MN. Feb 2015.

⁴ <http://healthyamericans.org/assets/files/TFAH-2015-InvestInAmericaRpt-FINAL.pdf>

contracts. This is difficult to sustain.

- Workforce development remains a challenge:
 - The division struggles to attract and retain a qualified diverse workforce
 - A lack of benefits offered to part-time employees and work space shortage puts the division at a distinct disadvantage in recruiting in the metropolitan area.
 - Recent graduates we recruit are looking for flexibility in their work schedule and increased use of technology (including the ability to work remotely during client visits or at home).
 - We expect significant staffing changes in the near future
 - Almost 50% of the staff is over the age of 50 with almost 20% over the age of 60. We have at least 10 staff who are less than five years from retirement.
 - The labor pool available for hire is not reflective of the population we serve.

Top Ten Health Issues in Bloomington as Adopted by the Advisory Board of Health

1. Maternal and Child Health
2. Nutrition, Obesity and Physical Activity
3. Social and Emotional Wellbeing
4. Alcohol, Tobacco and Drug use and Abuse
5. Immunization and Infectious Disease Prevention
6. Intentional Injury Prevention
7. Food-Borne Illness Prevention
8. Aging of the Population
9. Individual and Family Emergency
10. Mental Illness

Work Plan

The Public Health Division work plan is structured around the six areas of public health responsibility. Within each area of responsibility we have identified goals to accomplish in 2016, how these goals align with City priorities, why this work is important and data to support this work. The management team will use the performance management council to develop metrics to track the completion of each goal. If necessary the quality improvement council will be involved to address issues with goal completion. These goals are all aligned with Public Health's strategic plan's top five goals.

1. Assure an Adequate Infrastructure

Goal: Evaluate our division's performance against the Public Health Accreditation Board's nationally recognized evidence-based standards:

- Submit all required documentation to the Public Health Accreditation Board by November 2015 in pursuit of becoming an accredited public health department.

Goal: Deepen the culture of quality improvement and performance management:

- Build upon past success with performance management and quality improvement
- Strengthen the Workforce Development Plan
- Work on internalizing equity within the department to better serve our clients.

Goal: Cultivate new funding streams:

- Identify projects that support City and Division goals that qualify for new funding streams

Notes:

- Through a grant (Shared Services Learning Collaborative), Bloomington, Edina and Richfield (BER) worked on formalizing our working relationship. We developed Mission and Vision Statements and Guiding Principles for our Public Health Alliance of Bloomington Edina Richfield (PHABER). While the governance of each community health board will not change, we are applying for accreditation as the Public Health Alliance of Bloomington Edina Richfield (PHABER). For more information about PHABER, see the guiding principles on page 25.

Alignment with City priorities:

- These goals support the City Council's goals of Safety and Security and Organizational Strength.
- These goals support all of the top ten health issues in Bloomington.

Why we think this is valuable:

While Public Health has a long track record of extensive community engagement, almost 40%⁵ of public health departments going through accreditation saw a significant increase in community engagement. As our community changes and the public health challenges become more complex, this engagement with the community will be at the forefront of a continued successful public health program in Bloomington.

⁵ National Association of City and County Health Officials (NACCHO). Benefits of National Accreditation for Local Health Departments. December 2014.

2. Promote Healthy Communities and Healthy Behaviors

Goal: Implement Statewide Health Improvement Program Initiative strategies to:

1. Decrease obesity rates in children.
2. Increase physical activity participation in the community.
3. Decrease tobacco use and exposure to second hand smoke.
 - a. We will continue to work on Smoke Free Multi-Unit Housing and will be adding Point of Sale activities in 2016

Goal: Promote healthy pregnancy outcomes by ensuring:

1. That 80% of prenatal women referred to Public Health are assessed to determine needs to promote healthy pregnancy outcomes (full term births, healthy birth weights)
2. That 90% of families identified as at risk for poor childhood outcomes (Adverse Childhood Experience or ACES) receive follow up home visits and information to increase knowledge and behaviors that promote parenting skills and healthy childhood development.
3. Increase breastfeeding duration rates at 3, 6 and 12 months of infant age in our WIC Peer Breastfeeding program.

Alignment with City priorities:

- These goals support the City Council's goals of Safety and Security, Transportation, Land Use, Housing, Organizational Strength.
- These goals address four of the top ten health issues in Bloomington (1-4).

Why we think this is valuable:

"Even the most capable and well-equipped parent needs assistance now and again. Imagine the challenges facing low-income families with less access to services and resources. Quality home visiting gives parents the insights and tools they need to raise healthier kids. Home visiting has been proven to reduce problems including low-weight births, emergency room visits, and the ratio of children in the social welfare, mental health, and juvenile justice corrections systems. Beyond the obvious quality-of-life benefits for the participants, the effect on the community and the taxpayer is equally powerful, yielding considerable cost savings for states that implement and invest in such programs. Economic analysis demonstrates that for every dollar invested in early childhood programs, savings of \$3.78 to \$17.07 can be expected."⁶

Additional information is available here:

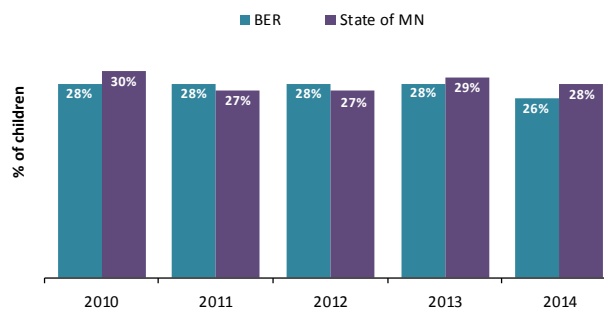
<http://www.newyorker.com/tech/elements/what-poverty-does-to-the-young-brain>

⁶ Infant and Toddler Messaging Guide. ZERO TO THREE. 2015
http://www.zerotothree.org/policy/docs/248_infant-toddler-messaging-guide_v4.pdf

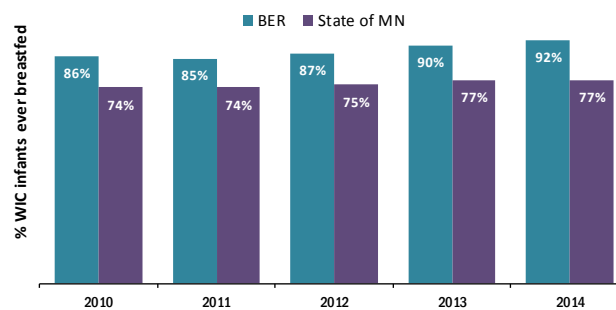
Data Regarding Service Delivery

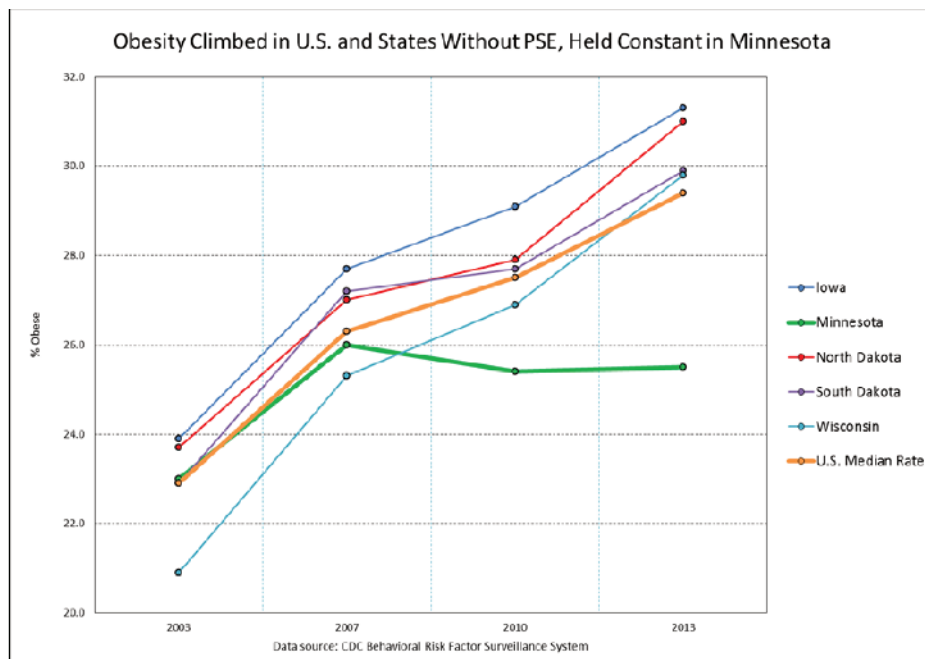
- In 2014 in our Family Home Visiting program, 499 prenatal and postpartum clients received 1,046 home visits.
- In our Healthy Families America intensive home visiting program 121 clients (66 at risk families) received 1,672 home visits.
- In our WIC program, we served 4,529 unduplicated clients in 2014, which resulted in 31,692 client visits. WIC provides nutrition, education and food vouchers for income eligible pregnant and breastfeeding women, infants and children. Every \$1 spent on pregnant women in Minnesota saves \$4.21 in Medicaid costs.
- One UCare funded project has developed a day care training model, which has exceeded expectations in enrolling participants. The goal was 20 individuals trained and over 120 were trained in a few months. This project would not have been possible without the robust partnership between the Church of the Assumption (La Mission) and BPH. This innovative and successful project was presented to Minnesota Department of Health leadership and will be presented at the 2015 Minnesota Community Health Services conference.

Children in WIC Overweight or at Risk of Overweight
Bloomington, Edina and Richfield (BER)



Breastfeeding Initiation in WIC
Bloomington, Edina and Richfield (BER)





* PSE-policy systems and environmental changes

Minnesota started the State Health Improvement Program in 2009. One of its primary focuses has been obesity prevention using policy systems and environmental changes.

Free and Reduced Lunch Enrollment-BER Schools and PreK-12th Grade 2014-2015

Bloomington School District		Edina School District		Richfield School District	
School	%	School	%	School	%
Valley View Elementary	87%	Options at Edina	33%	Centennial Elementary	87%
Beacon (287)	75%	Cornelia Elementary	16%	Richfield Middle	69%
Valley View Middle	70%	South View Middle	11%	Richfield Senior High	63%
Washburn Elementary	66%	Creek Valley Elementary	9%	Richfield Dual Language School	61%
Indian Mounds Elementary	63%			Sheridan Hills Elementary	61%

Children (<18 years) Living in Poverty - 2012

Bloomington		Edina		Richfield	
Total	12.9%	Total	3.5%	Total	22.5%
Black/African American	56.9%	Black/African American	31.0%	Black/African American	40.5%
Hispanic or Latino	19.0%	Hispanic or Latino	5.0%	Hispanic or Latino	38.5%
White	5.0%	White	2.6%	White	6.0%

3. Prevent the Spread of Infectious Disease

Goal: Prevent the spread of infectious diseases through immunization, investigations, consultations and training:

1. Continue to provide immunizations at low or no cost to residents eligible for the Minnesota Vaccine For Children program (MnVFC) and thus reduce disease rates in our community.
2. Continue to provide flu immunizations and large flu clinics to maintain staff skill for mass vaccination.
3. Follow up on disease reports within 24 hours of notice.
4. Provide consultation to school nurses, child care centers.
5. Provide Immunization Practice Improvement visits with assigned clinics and hospitals.

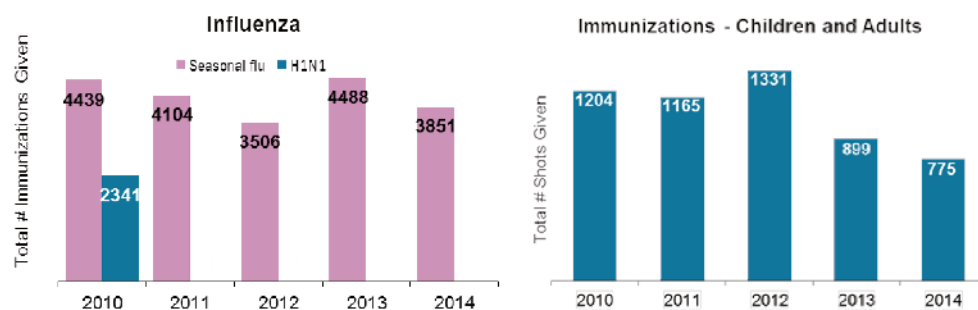
Alignment with City priorities:

- These goals support the City Councils goals of Safety and Security and Organizational Strength.
- These goals address four of the top ten health issues in Bloomington (1, 5, 7, and 9).

Why we think this is valuable:

Vaccine preventable diseases require constant vigilance. Recent events, such as the measles outbreak in California, serve as a constant reminder that if we see drops in vaccine coverage rates, it is only a matter of time until an outbreak will occur. These outbreaks of vaccine preventable diseases are expensive, time intensive, and preventable. A single measles case in Iowa in a community with high non-medical vaccine exemption rates resulted in 2,525 hours of personnel time and a cost of \$142,452⁷ to contain.

Data Regarding Service Delivery



⁷ Dayan GH, Ortega-Sánchez IR, LeBaron CW, et al. The cost of containing one case of measles: the economic impact on the public health infrastructure—Iowa, 2004. *Pediatrics*. 2005 Jul;116(1):e1-4.

4. Protect Against Environmental Health Hazards

Goal: 100% of parents of children referred for an elevated blood lead level are assessed for knowledge about how to decrease exposure to lead and medical follow up related to high blood lead levels.

Goal: 90% of residents referred for asthma follow-up received a home assessment.

Alignment with City priorities:

- These goals support the City Council's goals of Safety and Security, Housing, and Organizational Strength.
- These goals address one of the top ten health issues in Bloomington (1).

Why we think this is valuable:

Lead can be devastating to child development and is a common environmental hazard. With housing stock that was built while lead based paints and products were in routine use and with routine importation of spices, toys and food products that may contain lead (many of our recent lead referrals were due to ingestion of lead in spices produced overseas), we need to be prepared to support clients with lead education. The only treatment for elevated blood lead levels is to modify the environment and remove the lead hazard. Once this occurs the blood lead level will drop quickly.

Data Regarding Service Delivery:

- There were 9 referrals from MDH for elevated lead in children in 2014.
 - There is no safe level for lead in blood and when levels reach 5ug/dl action should be taken to reduce exposure. The Minnesota Department of Health recommends local public health assists individuals with education on common sources of exposure and how to minimize them if blood lead levels reach 5ug/dL. If blood lead levels reach 15 ug/dL or higher a lead assessor should evaluate and help eliminate the sources of lead.
 - Three were greater than 15 ug/dL, two agreed to home visits with a PHN and Environmental Health.
 - Six were less than 15 ug/dL and were mailed educational resources and contact information from a PHN.
- Bloomington has two areas that exceed the Hennepin County⁸ age-adjusted rate for asthma hospitalizations of 8.7 per 10,000 individuals. The two most eastern zip codes in Bloomington, which include areas of concentrated poverty, have rates of 14.0 and 9.1 per 10,000. These rates are indicative of health disparities in our community and that some residents in our community are more likely to

⁸ MDH data based on 2009-2013 hospitalization for Asthma rates available at: <https://apps.health.state.mn.us/mndata/webmap/asthma.html>

be hospitalized for asthma than their peers in Bloomington and Hennepin County. Richfield has an age-adjusted rate of 8.5 per 10,000 and the rest of the BER area is around 5 per 10,000.

- In 2014 there were 35 home visits made to 30 clients to assess their home environments related to asthma.

5. Prepare for and respond to emergencies

Goal: Improve PH ability to respond to a public health emergency by:

1. Add an additional 10 closed Point of Dispensing (POD) plans to our medical countermeasure plan.
2. Update the Health Alert Network (HAN), which is used to communicate with our community healthcare partners during an emergency.
3. Test the partner response rate for the HAN. If return rates are not at 100% for hospitals and 80% for clinics within one hour, a Quality Improvement Project will be initiated to increase rates.
4. Conduct a staff activation drill to evaluate internal readiness for an emergency.
5. Maintain close relationships with Bloomington Police Department, Bloomington Fire Department, Emergency Management and Allina EMS.
6. Continue to build our volunteer base for emergency response by adding to our Community Emergency Response Team (CERT), which has 83 members and our Medical Reserve Corps (MRC) with 20 members.

Alignment with City priorities:

- These goals support the City Council's goals of Safety and Security and Organizational Strength.
- These goals address one of the top ten health issues in Bloomington (9).

Why we think this is valuable:

As Ebola has largely faded from the news, work continues around the world to prepare for the next public health emergency. What that will be and when it will occur is impossible to predict; however, with proper planning, the consequences of the next public health emergency can be minimized. The Public Health Alliance of Bloomington Edina Richfield (PHABER) continues to plan for public health emergencies, whether it's for extreme heat or biological terrorism. We are constantly improving on preparedness capability, applying lessons learned from other emergency responses to improve upon our own.

Data Regarding Service Delivery:

- Three CERT members participated in a June 25, 2015 exercise supporting a regional bioterrorism response. These members helped the Public Health Alliance of Bloomington Edina Richfield (PHABER) activate sections of their medical countermeasure dispensing plans.
- We trained 20 participants in psychological first aid, a critical skill for supporting any response activity and protecting responders.

6. Assuring health services

Goal: Ensure accessible, quality care by:

1. Assess and provide appropriate follow up for all Bloomington police nuisance referrals.
2. Provide follow-up services to 80% of clients in order to improve their ability to live in a safe environment.
3. Increase knowledge, behavior and status (KBS) in 80% of vulnerable adult/senior clients related to their living situation and safety.
4. Help people access and maintain quality healthcare services.
5. Assist 90% of women who screen positive for breast cancer in the SAGE program to initiate treatment within 30 days of the diagnosis.
6. Provide 90% of children referred to the Help Me Grow program with a developmental screening within 10 days.

Alignment with City priorities:

- These goals support the City Councils goals of Safety and Security and Organizational Strength.
- These goals address seven of the top ten health issues in Bloomington (1, 2, 3, 6, 7, 8, and 10).

Why we think this is valuable:

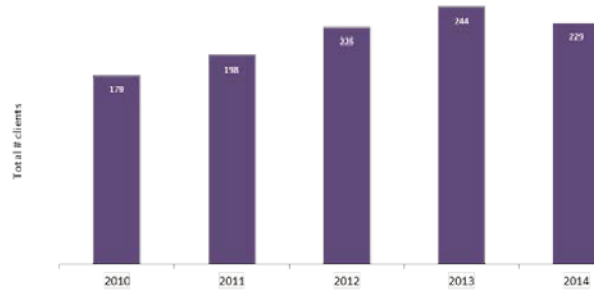
Everyone needs to live in safe and healthy homes. Public health nurses assess environments where senior and vulnerable adults live after receiving referrals from concerned neighbors, family members and professionals. The goals are to help elders stay in their homes, preserve quality of life, maintain their community networks, and determine needs to stay independent. By helping seniors and vulnerable adults maintain their quality of life and community network, we help to ensure access to quality care while helping them reduce the need for emergency care.

Data Regarding Service Delivery:

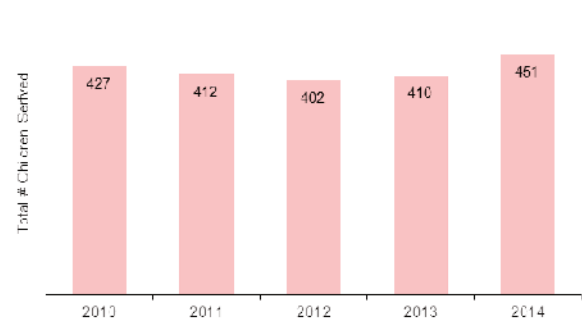
- PH made 229 high risk home assessments in 2014 to evaluate the health and safety of seniors and vulnerable adults. The number of these home assessments continues to rise as our population ages. Some of these assessments are conducted jointly with environmental health sanitarians, police and social services to monitor gross unsanitary dwellings.
- In 2014, Help Me Grow, an early childhood developmental screening program, received 451 referrals of which 389 residents accepted a public health nurse (PHN) visit to assess behavioral, growth and developmental concerns with their child. Most referrals come from parents and medical providers. The PHN referred 48% of those children screened to Early Childhood Special Education (ECSE) and helped parents access necessary educational, medical and social service resources.

- Out of 1,038 low income clients, 155 were eligible to enroll in publicly funded health insurance, of which 139 successfully enrolled (90%). Of the 379 already enrolled in publicly funded health insurance, 370 maintained this enrollment (98%).
- The numbers of women screened at SAGE has continued to decrease with the initiation of the Affordable Care Act. SAGE is fully funded from a grant from the Minnesota Department of Health through the Centers for Disease Control.

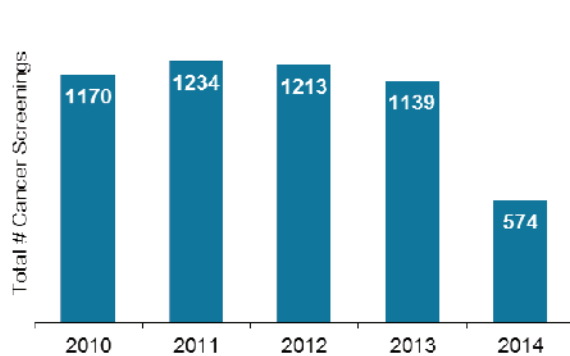
High Risk Home Assessments



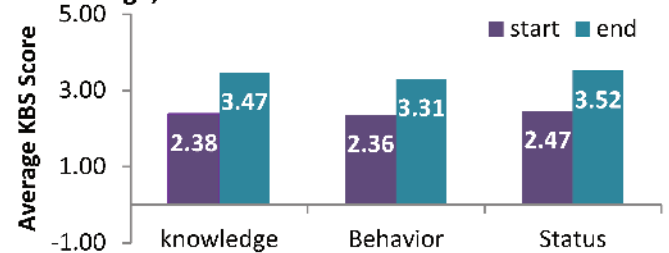
Early Intervention Services



Breast and Cervical Cancer Screening



Knowledge, Behavior and Status Scores 2014



- Knowledge increased by 78%
- Behavior changed by 62%
- Safety status improved by 66%

Budget

The 2015 budget is \$4,171,442 and the 2016 projected budget is \$4,245,808. The budget is broken down by primary funding stream below.

2016 Budget based on 2015 Funding Levels

	Actual 2014	Budget 2015	Budget 2016
Federal	\$1,674,797	\$1,585,269	\$1,687,433
State	658,245	819,727	685,773
Edina and Richfield LPH Contracts	414,108	430,530	443,328
Foundations and Other Grants	222,222	230,832	90,056
Fees for Services	237,071	246,400	260,342
Insurance Reimbursements	206,743	181,901	189,000
City of Bloomington Tax Support	583,862	676,783	889,876
	\$3,997,048	\$4,171,442	\$4,245,808

The decrease in State funding in the 2016 Budget is related to a reduction in funding for the State Health Improvement Program (SHIP). This funding and work is directed by State priorities and implemented locally. The reduction in foundation and other grants is due to grants expiring. We continue to pursue several funding streams to sustain our work and address public health challenges our community is facing.

The majority (84%) of the division budget is based on grant, contract, or fee based mandated spending. These funding streams provide some support for administrative and support staff and infrastructure to allow PH to function; however, this support is fixed. Historically PH has used City of Bloomington property tax support funds to enable our staff to increase the number of clients we serve beyond what our grants or contracts will support and to cover the remaining costs associated with administrative and support staff and infrastructure. As fixed costs increase, this requires PH to use less City of Bloomington tax support funds for clients. This puts vulnerable adults and seniors and high-risk mothers and infants at risk when we are not able to offer preventative services, which are significantly cheaper than emergency services.

The Public Health Division continues to provide exceptional service and a strong return on tax dollar investment for the residents of Bloomington. Based on the 2016 proposed budget, City of Bloomington tax support funds would make up 21% of the Public Health Division's total budget with a per capita expense of \$10.53. Bloomington continues to provide services well below the metro area average of 38% and state average of 31.7% for tax levy funding of community health systems.

Planned Capital Improvements

Product	Desired Outcome/Result	When	One-Time Costs	On-going Costs	Source of Funding
Smart Board for East Conference Room	Increased use of technology for Advisory Board of Health meetings and other meetings	2016	\$10,000		City IS funding

Strategic plan

In the fall of 2012 through the spring of 2013, Public Health conducted a strategic planning process to define and determine roles, priorities, and direction over the next five years. This plan will provide a guide for making decisions on allocating resources and taking action to pursue strategies and priorities in Bloomington, Edina and Richfield. The strategic plan is part of the overall Local Public Health Assessment and Planning Process (LPHAP). All Community Health Boards (CHBs) in Minnesota are required to engage in assessment and planning to yield local public health priorities and focus local resources.

The top five goals in the strategic plan are listed below:

Goal 1: Strengthen efficient and effective day-to-day operations

Goal 2: Ensure a competent workforce that has the capacity to accomplish the Division's mission

Goal 3: Improve systems to demonstrate and measure outcomes

Goal 4: Increase the Division's ability to effectively engage the community

Goal 5: Ensure sustainable, adequate public health funding

Twenty strategies for achieving these strategic plan goals have been identified and performance measures associated with these strategies have been created. The performance management council is in the process of refining and developing baseline data for these performance measures. This will allow us to monitor our progress in completing these strategies in each performance management council meeting, thus allowing issues to be addressed quickly. The strategies for achieving our strategic plan goals are reflected in our ten overarching goals for the 2016 budget.

ORGANIZATIONAL CHART

CITY OF BLOOMINGTON

DIVISION OF PUBLIC HEALTH

PUBLIC HEALTH ADMINISTRATOR ————— ACCOUNTANT

Bonnie Paulsen Deb Finnegan

HEALTH PROMOTION
PROGRAM MANAGER

Elleen O'Connell

CLINICAL SERVICES/DISEASE
PREVENTION & CONTROL
PROGRAM MANAGER

Karen Stanley

FAMILY HEALTH
PROGRAM MANAGER

Molly Snuggerd

SUPPORT STAFF
OFFICE SUPERVISOR

Linda Risk-Lundeen

ASST. PUBLIC HEALTH
ADMINISTRATOR/
EMERGENCY PREP MGR

Nick Kelley

Public Health Specialists:

Elham Ashkar
Joan Bulfer
Lisa Firth
Andres Flores
Laurie Maranz
Amanda Nagy
Debbie Miller
Mirna Regan Gonzalez

Public Health Nurses:

Hillary Bastian
Rebecca Betsel
Lisa Clausen
Hannah Holm
Angela Lee

Nurse Practitioners:

Shirley Jacobo
Wendy Koland
Louise Winter

Registered Dietitians:

Diane Gardner
Melanie Hallal
Sharon Landvik
Marianne Nelson
Kay Olson-Fischer*
Kerri Westberg

WIC Peer Counselors:

Anne Basso
Rosa Escobar
Jaqueline Flores
Ranila Ibrahim
Stephanie Johnson
Fatima Mubammad
Lori Rodriguez

Translator/WIC Clerks:

Escher Gomez

Sage Office Assistants:

Nancy Fuecker
Beth Mena-Carron

Public Health Nurses:

Abbie Almer
Tammi Cheever
Jenifer Gundersen
Ruth Heiland
Elizabeth Horvath
Julie Johnson
Mary Lett
Mary Nelson
Barbara Pederson
Patricia Rigoni
Lisa Schroeder-Olson

Accounting Clerks:

Juliana DeMatre

Office Support Specialist:

Nancy Tadros

Office Assistant:

April Sommerville

Public Health Specialist:

Amanda Jeffrey
Joel Nelson
Yahye Mohamed

Public Health Specialist:

Joleen Coter

Speech Pathologist

Cindy McNulty

Translator/Community
Resource Specialist:

Olga Leminger

Organization Chart

*Peer Counselor
Revised July 2015

Public Health Alliance of Bloomington Edina Richfield Guiding Principles

Guiding Principles

PUBLIC HEALTH ALLIANCE OF BLOOMINGTON EDINA RICHFIELD

OVERVIEW

Purpose

The following provides a description of the relationship between the cities of Bloomington, Edina, and Richfield (BER) as it pertains to public health services.

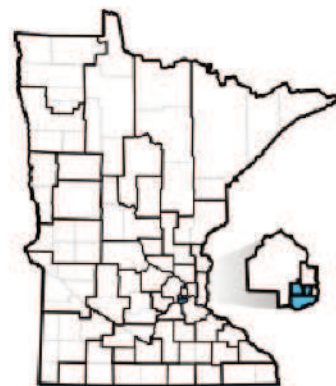
History

Bloomington Edina and Richfield have been collaborating to improve public health in all three cities since 1977, beginning with public health nursing services provided by Bloomington Public Health (BPH). Since then it has expanded to include all local public health services. Prior to the creation of the Local Public Health Act in Minnesota, Public Health Nurses from the City of Bloomington cared for families in BER. In 1976, when the Local Public Health Act was enacted, five cities (Minneapolis, St. Paul, Bloomington, Edina and Richfield) decided to maintain local public health departments (Community Health Boards) at the city level. Since then, BER has maintained the contractual relationship with Bloomington providing public health nursing services in Edina and Richfield. While the scope of BER's contracts has fluctuated somewhat over time the core Local Public Health activities have remained a constant focus.

BPH serves the overall population of the three cities, a combined total of 166,062 (US Census 2010), focusing on the individual health of the most vulnerable and at-risk population and tailors activities to accommodate the unique needs of each community. With approximately 60 full and part-time public health nurses, nutritionists, health education and health specialists, BPH provides care and assistance in Family Health, Disease Prevention and Control, Health Promotion, Clinical Services including immunizations, Women, Infants and Children (WIC), Adult and Senior Health, and Emergency Preparedness Services.

Over the past 37 years, this alliance has enabled each city to effectively and efficiently utilize resources and

avoid duplicate effort to improve the quality and impact of the public health system.



PUBLIC HEALTH ALLIANCE OF BLOOMINGTON EDINA RICHFIELD

MISSION: Working together to assure the health of our citizens.

VISION: Improving the health and wellbeing of our communities.

VALUES:

Collaborative Autonomy - Working together in partnership with common aims but retaining a sense of autonomy and uniqueness

Accountability - Proactively communicating with all stakeholders including the public

Excellence - Strive to provide the best services possible using innovative strategies when possible

Community Engagement - Active engagement of all populations in a respectful and inclusive manner

Each city in the Alliance values “collaborative autonomy”, in which the cities work together when their goals and values align, but also allows each city to choose priority Public Health functions specific to the needs of their residents. This flexibility has allowed each agency to shape its functions to fit the wishes of the residents and management of that city.

Each city values local, quality Public Health services and utilizes cross jurisdictional sharing to provide them. While each city’s individual funding for Public Health services is relatively small compared to the level of services desired, services are met by combining funding from all three cities. In this way, the Alliance is able to develop expertise in a specific program and provide that service in all three cities.

Community Health Boards (CHB)

Each city’s governing body (City Council) acting as a Community Health Board must fulfil duties detailed in MN Statute 145A.04, summarized below:

- Assure adequate local public health infrastructure
- Promote healthy communities and behavior
- Prevent spread of communicable disease
- Protect against environmental hazards
- Prepare for and respond to public health emergencies
- Assure health services by identifying gaps and barriers in service

The Alliance exists to achieve efficiency with respect to public health functions while maintaining the identity of each city.

Services Provided

The Public Health Alliance of BER assures the provision of the core Public Health Services for all three cities. Although there are adjustments made based on each city’s unique needs, Bloomington provides services to residents of all three cities. Many public health services are provided to BER residents in their homes or community locations within close proximity. See Appendix I for description of public health programs in the three cities.

Annual contracts ensure the provision of essential services, identify services to be provided between the cities and address liability and insurance concerns.

- Edina and Richfield contract with Bloomington for the provision of Local Public Health Services.

- Edina and Richfield contract with Bloomington for the provision of Public Health Emergency Preparedness Services.
- Edina and Richfield each send a letter of assignment to MDH for Temporary Assistance for Needy Families and Maternal Child Health funds, which are reimbursed directly to Bloomington for services provided in all three cities.

In addition, BPH staff seek additional grant funds and opportunities that will be beneficial to all three cities.

Governance

CHS Administrators meet monthly to discuss programming, progress, and issues. Decisions are made by consensus allowing for collaborative autonomy. BPH sets the agenda that includes city updates, joint project and program updates, grant requirements, and general planning. In addition, Administrators communicate regularly to provide updates and technical assistance, solve problems, and get feedback. Program staff also communicate between cities regularly.

The CHS Administrators make complex decisions collaboratively, while BPH management is responsible for routine programmatic decisions, personnel and vendor contracts.

Each city gets input from their own residents through:

- Bloomington Advisory Board of Health,
- Richfield Advisory Board of Health,
- Edina Community Health Commission, respectively.

At least annually, BPH management staff attend a city council meeting in Edina and Richfield, most often when the Annual Report to the Community is presented. In addition, staff sometimes attend the Richfield Advisory Board of Health and the Edina Community Health Commission.

Summary

The Community Health Boards of Bloomington Edina and Richfield have collaborated to provide Public Health services since 1977 and wish to continue the arrangement described above. The formation of the Public Health Alliance of BER clarifies our goals and efforts and informs stakeholders and the public about our collaboration.

February 18, 2015